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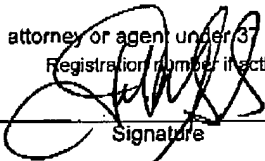
JUN 16 2008

PTO/SB/22 (01-08)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 65487(50533)	
Application Number                      10/577,614-Conf. #5411		Filed                                      April 20, 2007	
For      QUATERNARY AMINO-FUNCTION CHALCONES			
Art Unit                      N/A		Examiner                      Not Yet Assigned	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60                      \$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460	\$230                      \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050	\$525                      \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640	\$820                      \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115                      \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> I have enclosed a duplicate copy of this sheet.			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>53,624</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number in effect under 37 CFR 1.34                      _____			
 _____ Signature		_____ June 16, 2008 Date	
_____ Jonathan M. Sparks, Ph.D. Typed or printed name		_____ (617) 517-5543 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

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